

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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2019 REGISTRATIONLobbyist Registration
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

LA CHICA, MAE PATRICIA QUEMA

LOBBYIST FIRM/EMPLOYER (If applicable)

Hawaii Public Health Institute

TELEPHONE

(808) 591-6508

MAILING ADDRESS (No. and Street or P.O. Box)

850 RICHARDS STREET, SUITE 201

FAX N/A

EMAIL TRISH@HIPHI.ORG

(City) HONOLULU

(State) HI

(Zip Code) 96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

HAWAII PUBLIC HEALTH INSTITUTE

TELEPHONE

(808) 591-6508

MAILING ADDRESS (No. and Street or P.O. Box)

850 RICHARDS STREET, SUITE 201

FAX N/A

EMAIL CONTACT@HIPHI.ORG

(City) HONOLULU

(State) HI

(Zip Code) 96813

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)

2,000 NON-PAYING MEMBERS

☐ Not Applicable

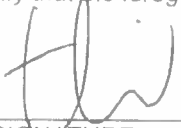
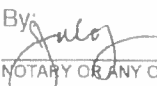
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS

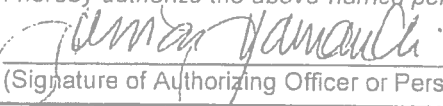
POLICY PRIORITIES IDENTIFIED BY WORKING GROUP & VOTED ON BY BOARD OF DIRECTORS

☐ Not Applicable**PART II.B NO LONGER LOBBYING**☐ I am no longer authorized to lobby on behalf of the organization in Part II.A

DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE 11/8/19 DATE	Subscribed and sworn to before me This <u>8th</u> day of <u>January</u> 2019 By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Julie A. Kojima My commission expires: <u>JAN 08 2019</u> APR 01 2021 Doc. Date: _____ # Pages: <u>2</u> Notary Name: <u>Julie A. Kojima</u> (Circuit) Doc. Description: <u>2019 Registration</u>

PART V AUTHORIZATION TO LOBBY		
NAME JESSICA YAMAUCHI	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED EXECUTIVE DIRECTOR	
NAME OF ORGANIZATION (if applicable) HAWAII PUBLIC HEALTH INSTITUTE	TELEPHONE (808) 591-6508	
MAILING ADDRESS (No. and Street or P.O. Box) 850 RICHARDS STREET, SUITE 201	FAX N/A	EMAIL JESSICA@HIPHI.ORG
(City) HONOLULU	(State) HI	(Zip Code) 96813
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  (Signature of Authorizing Officer or Person Represented)		
		11/8/19 (Date)

NOTARY PUBLIC CERTIFICATION
Rodney S. Nagasako 1st Judicial Circuit
Doc. Description: 2019 REGISTRATION -
LOBBYIST REGISTRATION

No. of Pages: 3 Date of Doc. JAN 11 2019

Rodney S. Nagasako JAN 11 2019
Notary Signature Date

